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duty, questions that are determined by locality, and any and all points that should be fully understood, thus promoting satisfaction for all concerned.

Before making an agreement each school should acquaint itself with the other—the special ascertaining the status of the one seeking affiliation, declining any schools which are lacking in progressive aims, but, on the other hand, not making conditions beyond the reach of the earnest, energetic school.

It was my purpose to include a form of agreement in this paper, but, because the question is so far from having taken satisfactory shape, it was not deemed best to do so. It would be interesting to hear from schools having such forms already in use.

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## A NURSE'S BY-HOURS

By ELISABETH ROBINSON SCOVIL

Late Superintendent of the Newport Hospital, Newport, R. I.

THERE are nurses who find that they have not strength for the active practice of their profession year after year without intervals of rest. They cannot do justice to their patients unless they give themselves time to recruit between exhausting cases, and they cannot keep themselves in health and vigor if they are constantly in the sick room.

It is as a suggestion to these nurses that I wish to tell of an experiment made a few years ago which was financially successful and involved very little labor.

A young mother was speaking to me of her children and said she wished she knew enough of nursing to do things properly for them when they were ill. I was at leisure just then and the thought struck me that there might be others who would like to learn some of the methods of making the sick comfortable and if I would teach them it would be mutually profitable.

It was decided to give five lectures, charging one dollar for the course, or twenty-five cents for a single admission, the lectures to be given twice a week. A kind clerical friend placed a large Sunday-school room at my disposal. Tickets were printed, oblong cards, with *Home Nursing* in the middle. These were distributed between twenty friends, each taking six, who sold them privately, a few free tickets being given to each seller. A lady was secured to act as door-keeper, who received five dollars for this service.

Each lecture lasted for an hour. There was a good and constantly-increasing attendance during the course, and those present seemed deeply interested in the work. Many remained at the close of each lecture to ask questions, or to have something that seemed to them especially difficult explained more fully.

As anything that one sees makes a far deeper impression and is much more easily understood than the things one simply hears, or is told about, I determined that every step in the care of the sick should be so illustrated that those who saw it would, at least, stand a good chance of remembering what they had seen.

A sister nurse got for me in Boston a doll twenty-nine inches long, with real hair, jointed legs and arms, and eyes that closed when she was laid down. She had a small abrasion on one arm, so she was really an invalid, and only cost half what she would have done had she been in a normal state of health. She proved an excellent and most docile patient. Her wardrobe consisted of two night dresses, one opening all the way down, and a baby's woven undershirt.

At an expense of two dollars I had made a folding wooden cot bed, with a woven wire mattress and a flock mattress and pillows to fit it. The bed was furnished with four sheets, two draw sheets, a rubber sheet, two blankets, a white spread, and two pillow slips.

It was then easy to show how to make the bed for the patient, to change the sheets, to change the coverings, the proper position of the pillows, how to pull a patient up in bed, to turn her on side or chest with the aid of the sheet, and the easiest way to raise her into a half-sitting position.

To illustrate lifting in a sheet, I had two stout sticks nearly the length of the bed, and rolled the sides of the lower sheet around them to form a kind of litter. Strips of carpet binding and large safety pins were used to show how to fasten the bed clothes to prevent a child, or restless patient, from being uncovered. A long piece of ribbon tied the handkerchief to the bed post, so the occupant could always recover it when it strayed away. Four blocks of wood, about four inches square, with auger holes bored part way through to receive the castors, were used to show how to turn a low bedstead into a high one for the greater comfort of the nurse, and benefit to the patient in more efficient service.

A good-sized wooden box was necessary to convey the various articles from one place to another. This, turned on its side, was used as a supplementary bed to illustrate how to move a patient from the bed to a couch, or from one bed to another.

A doll's chair, turned upside down, covered with a sheet, and padded

with a pillow, made an improvised bed rest. A doll's hammock, passed behind the shoulders and fastened at each end to the foot of the bed, raised the patient to a half-sitting position. It was brought under the buttocks at the back.

Bed sores were briefly discussed, their cause, prevention and relief being touched upon, and various methods of preventing pressure were described. Cotton rings, formed by twisting bandage round a roll of cotton batting, were made and the manner of fastening them to heels and elbows shown. The proper way to bathe the back with alcohol was illustrated and the use of powder as an absorbent mentioned.

At the second lesson I showed how to change the nightdress and undershirt with the least disturbance to the patient and the fewest movements possible.

A small white enamelled-ware basin was provided, towels, washcloth and soap, and the doll was given a bath in imaginary water, every motion of a real bath being carefully gone through and the reason for it explained. I found in a toy shop a small tin sitz bath and so was able to show how the blanket should be arranged for protection while this bath was being taken. The rubber sheet was spread and a foot bath given while the patient was lying on her back. To the lay mind there is nothing more wonderful than being able to give a bath in bed. I did not have a tin tub large enough for a plunge bath, so could only describe one. As the work went on I spoke of the different kinds of baths, salt baths, soda baths, bran baths, etc., and of their uses; also of the proper temperature and duration of baths for different purposes. A friend gave me a pair of crib blankets which I used as bath blankets.

One of the most popular demonstrations was the wringing out of hot fomentations and making poultices on the stage. A small alcohol lamp, one of the kind that burns without a wick, a bottle of wood alcohol, and a small granite-ware saucepan and spoon are necessary. I took to the lecture room a self-sealing quart jar filled with very hot water, so that not much time need be spent in heating it over the alcohol lamp. A towel was used as a stupe wringer because one is to be found in every household. When I held up the steaming flannel by one corner and said, "You see my hands are perfectly dry, not even hot," there was a mild sensation. I have known a devoted mother to scald her hands wringing out hot applications. A flaxseed poultice was made in the saucepan, beaten, spread properly and covered with cheese-cloth; then applied, reinforced, removed, and changed. The different kinds of poultices were spoken of, for though they are rather out of fashion in the medical world they are still a favorite household remedy. A mustard

paste was made and spread. The mustard and flour were carried in separate tins. A mustard leaf was shown and cayenne pepper plaster mentioned.

I showed how to apply evaporating lotions. How to break the ice for an ice bag and fill it. How to keep ice at night. The best way to make cold applications to the eyes. Then came the proper way to fill a hot-water bag, its care and danger, how to apply it, etc. The care of the hair, mouth, nostrils and nails of a very sick patient were illustrated. I showed how to make protection pads of different kinds, with cotton waste as a filling, utilizing newspapers as a basis for the obstetric pads. The best way to remove blood stains was told and how to clean enamelware utensils.

With the doll's chair and the two long sticks it was easy to show how to turn an ordinary chair into a carrying chair. A piece of stiff brown paper and two wire hairpins were turned into a shade that could be fastened to any light to shield the patient's eyes from the glare. Ventilation was especially dwelt upon and the means of obtaining it in the sick room.

The giving of medicine by the amateur nurse, the means of insuring accuracy of dose and regularity in time, the care of the bottles and the disposal of the remains of the prescription were touched on. A few well-known facts about patent medicines and the dangers of indiscriminate prescribing were dwelt on.

The care of the sick room was treated rather fully. The best way to keep it clean, the immediate disposal of excreta, the removal of food that could not be at once taken and all the details that are apt to be neglected by the home nurse, who does not realize their importance. Part of one lecture was devoted to food, and some of the appliances for administering it were shown.

The care of tubercular patients was gone into at some length. A model of a window tent would be effective, I had only a picture of one to show.

The last lecture was devoted to first-aid in accidents. Simple bandaging was done, using a child of ten as a subject. The care in infectious diseases and disinfection were also spoken of.

If any nurse would like further information than can be given in this brief space it will give me much pleasure to send it to her, if she will write me in care of THE AMERICAN JOURNAL OF NURSING.